

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 911

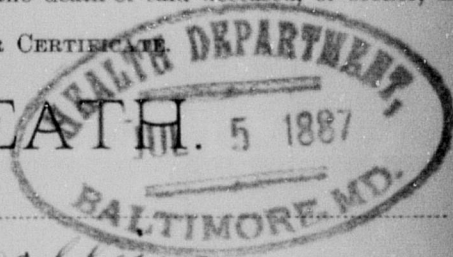
Office of Registrar of Vital Statistics.

Ward 19<sup>+</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Collins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, 13 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1705 Proctor St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Collapse

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5, 1887

Undertaker, J. J. Chalmer Chas E. Satter M. D. Medical Attendant.

Place of Business, Perry W 375 2100 Smith Hill Ave

Extract from Regulations of the Board of Health to secure full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 912 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 2<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give Street and Number. } 14 N. Chapel St

Cause of Death, { First (Primary), Acute Cirrhosis of Liver Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 5<sup>th</sup> 1887

{ Undertaker, G. Brann } P. G. Dausch M. D. Medical Attendant.

{ Place of Business, B. Zank & Wolfe Address, 1727 E. Balto. St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

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Permit No. A 913

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 3, 87

Full Name of Deceased, Mo. Lautenbach { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 79 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Bavaria { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, 1006 Penna. Ave. { Give Street and Number. }

Cause of Death, Apoplexy { First (Primary), }  
shock { Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 5<sup>th</sup> 87

{ Undertaker, E. Biran } W. H. Fleming M. D. Medical Attendant.

{ Place of Business, 330 N. Wolfe St. } Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

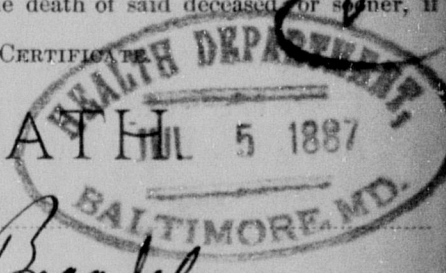
Health Department, City of Baltimore.

Permit No. A-914 Office of Registrar of Vital Statistics. Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, 4th. July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabeth Brantel.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 12 Days.

Color,     

Married, Single, Widow or Widower, { Cross out the words not required in this line. }     

Occupation,     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give Street and Number. } 611 S. Durham St. Off

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 6<sup>th</sup> 87

Undertaker, E. France William Hendel M. D.

Medical Attendant.

Place of Business, Frank & Wolf Sts. Address, S. Wolpert 318

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 915

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 4, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emelda Gibson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

1208 W P Pratt St

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

July 5/87

{ Undertaker,

Henry A. Mitchell

{ Place of Business,

1201 N Fayette

James Bosley M. D.

Medical Attendant.

Address,

1701 Abbein St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Physician's attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A. 916

Office of Registrar of Vital Statistics.

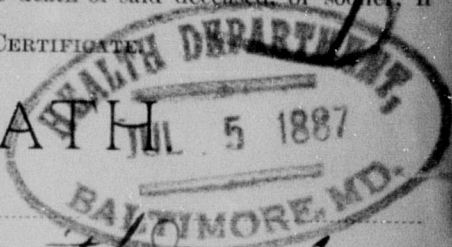
Ward

9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, July 4<sup>th</sup> 1887

Full Name of Deceased, Elizabeth Smith Moore

Sex, ~~Male~~ or Female, Female

Age, 84 Years,

Months,

Days,

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Bristol, R.I.

Duration of Residence in the City of Baltimore, about 65 years

Place of Death, 115 W. Franklin St.

Cause of Death, Old Age

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Ch. of E.

Date of Burial, July 6<sup>th</sup> 87

Undertaker, H. J. Egan

C. O. Donovan M. D.

Medical Attendant.

Place of Business, 111 W. Monument St.

Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. **A 917** Office of Registrar of Vital Statistics. Ward **20**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **July 4<sup>th</sup> 1887** JUL 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Wm Van Damer**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **1** Years, **11** Months, **3** Days,

Color, **White**

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } **Single**

Occupation, **Infant**

Birthplace, { State or country, and how long in the United States, if of foreign birth. } **Balto.**

Duration of Residence in the City of Baltimore, **all of life**

Place of Death, { Give street and Number. } **1418 Myrtle Ave.**

Cause of Death, { First (Primary), **Fall on head** Second (Immediate), **Congestion of brain** }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **St. Catharine Cemetery**

Date of Burial, **July 6<sup>th</sup> 1887**

Undertaker, **Lohrey**

Place of Business, **606 N. Howard St.** Address, **1821 Mad. Ave.**

Medical Attendant, **Abbott** M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

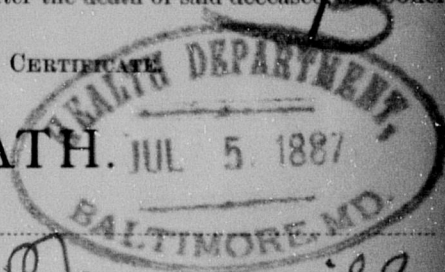
[OVER.]



**Board of Health, City of Baltimore,**  
 Permit No. A 918 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



# CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Shellie Mcneill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, Three Years, 10 Months, — Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Ballinore ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } S. Paca St 828 No.

Cause of death, { First, (Primary,) Second, (Immediate,) } measles.  
convulsions

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Beth Cemetery

Date of Burial, July 6th

Undertaker, Joseph B. Con... } Henry Richardson M. D.,  
 Place of Business, 1603 N. Bell St } Address, 532 A Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 919 Office of Registrar of Vital Statistics.

Ward

15<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Strans, Annie Mary

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 86 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give Street and Number. } Hamburg + Hanover St

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 5

{ Undertaker, B. Hark Edwin B. Henby, M. D. Medical Attendant

{ Place of Business, 115 West St Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 920 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Harrington

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, — Months, 4 Days Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1203 Park Ave Balto Md

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give Street and Number. } 1203 Park Ave City

Cause of Death, { First (Primary), Second (Immediate), } Infection

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 5th 1887

Undertaker, J. B. Mangle 73.5. Breckin M. D.

Place of Business, 1208 Penna Ave 1209 John St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]